Wyoming Department of Health

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Waiver Service Changes & Budget Cuts
FREQUENTLY ASKED QUESTIONS
From the July 9, 2009 Conference Call

On July 9, 2009 The Developmental Disabilities Division held a conference call for providers, participants, and families to ask questions in relation to the recent waiver service changes in the waiver renewal and the Governor's Budget Cuts. This document captures the list of the most frequently asked question received by the Division. If you have an additional question you would like answered, please contact the Division at ddmail@health.wyo.gov or 777-7115.

Since the July 9, 2009 call the following change has occurred:
ABI Waiver Exception: The IBA, for the Acquired Brain Injury (ABI) waiver only, for SFY-2010 is equal to the SFY-2009 plan amount. No reductions will be applied to the IBA since; the Governor did not reduce the budget for this waiver program. However, the ABI service rates have been reduced 10%, like the other Division Waiver programs, to maintain equity between the waiver program reimbursement rates. Units, though, can be adjusted to accommodate further service needs.

Budget Cuts

1. **Q:** Providers' budgets were cut 10%, as of July 1. Have the salaries of DDD employees and administrators also been cut 10%? Besides the cuts to providers, how has the DDD implemented this mandatory 10% cut?
   A: Wages for State employees have not been cut. The budget actually includes a 4% increase. The Governor chose not to remove the payment increase for State employees. Instead, a hiring freeze has been put in place, so vacant positions go unfilled. Furthermore, the budget reductions coinciding with position transfers of Division staff to the Office of Health Care Financing (HCF) have resulted in 4.5 positions being lost so far in the Division out of 39. Also, the Division's contracted services were reduced and the State Respite budget was eliminated. Keep in mind, approximately, 95% of the Division's budget goes toward participant services. The remainder of the cuts is in the direct services budget. This cut is being made by reducing service rates by 10%.
2. **Q:** Starting for services provided July 1, 2009 and on, are we to bill at the rate approved on the pre-approval or are we to bill at the new 10% lower rate?
   A: For service dates beginning July 1, 2009 bill the new reduced rate. For service dates prior to July 1, 2009 bill the old higher rate. The ACS claims system will pay out the new reduced rate for service date beginning July 1, 2009 for all claims billed equal to or greater than the reduced rate.
3. **Q:** I have existing clients whose plans started earlier in the year. **1)** Do I reduce the existing rates of services as of July 1st, 2009, or **2)** do these rates remain the same until the plans are modified by September 30th? - (*The date that was given to me as the deadline date for modifications),* or **3)** do I need to simply remove *(from the equation),* a flat rate of 10% of the exact amount of money/dollars remaining in each of the client's plans as of July 1st, 2009 and re-adjust from there?;
   A: 1. Yes, bill at the reduced rate for services beginning July 1, 2009.

2. No, in cases where you are transitioning from an old service to a new one you need to complete the plan modification by September 30th. The payment for any services beginning July 1st will be at the reduced rated.
3. When you modify the plan use the reduced rate for service dates July 1st or later.

4. **Q:** If rate changes go into effect as of July 1st, 2009, then do we simply phone ACS and get instructions on how to change everything in the system? *I heard that ACS will have the old and new rates & code changes in their system, but still have till end of September to comply?*
A: You do not need to contact ACS to make any changes. The Claims system is programmed to pay the reduced rate for services dates beginning July 1, 2009. This is regardless of the services that are transitioning due to wavier changes. You will not receive a new PA, use the existing PA, and simply use the reduced rate.

5. **Q:** Perhaps most important- EXACTLY how is the 10% reduction applied to each individual participant?
A: All rates and Individual Budget Amounts have been reduced 10%. For participants on the Adult DD Waiver, Acquired Brain Injury Waiver, or Children's DD Waiver who are receiving any residential services the IBA on the plan anniversary date will be calculated by multiplying historical units times current rates. For those participants whose plans are in effect before July 1, the interim IBA will be calibrated by using the number of days of service provided before July , 2009 and the remaining units available after July 1. This information will be sent to Case Managers by August 1, 2009.

6. **Q:** When we develop a new plan of care for our participants, if the last year had for example 900 units of respite, can we increase to 1400 units of respite on their new plan of care, or do we have to write something justifying the increase in units from one plan year to the next even though the budget amount is large enough to support the increase.
A: At this time, Children DD Waiver participants are using the IBA less 10%. If the participant is on the Adult Waiver or ABI waiver, then use historical units. The new IPC Instructions, on page 35, ask the case manager to submit a reason for the modification. For Children, respite can be increased if the total remains within the IBA less 10%. For adults, the case manager needs to stay within the historical units approved on the last plan.

7. **Q.** Does the State of Wyoming have anything closely resembling a Special needs facility that allows parents to enroll their students without forfeiting their parental rights?
A. Wyoming has tried hard over the last several years to do away with the segregation of Special needs schools and currently does not have any public schools
for special needs.

8. **Q.** As Case Managers, and with the changes to the waivers, how do we do a modification to current plans of care? Both in the case of changing providers and in the case of leaving providers the same but needing to have additional units?
A. Regarding the 10% cuts, the Division's waiver specialists and managers are working together to identify the best procedure to process modifications. If the service code is not changing, a new prior authorization number will not be required. Existing policies on the number of allowable units must be honored. For new services, such as supported living, please work closely with your waiver specialist to identify units that are comparable with services on the existing plans.

9. **Q.** Will we be getting a new PA number for each of the clients we are already serving? We have a client on the children's wavier and we are his Special Family. This was not on the list with the new rates - did they change the title of this service to what is listed for the adults?
A. Special Family Habilitation is listed on the rates table that is posted on the Division's website http://www.health.wyo.gov. For those services that are being discontinued, the rates were not

posted but are 10% less than the posted rate. The Revised rate for those services are In home support $28.09 and Prevocational rates are the same as the revised Day Habilitation rates. Please remember, these discontinued services cannot be reimbursed after October 1, 2009.

10. **Q.** Will there be any changes in how we now bill?
A. You will not be given a new Prior Authorization number. You should bill using the rate less 10%. If you forget and put in the old rate for services provided July 1 and after, you will be only reimbursed for the posted rate.

Day Habilitation Hours

1. **Qa:** Do the new time requirements for day habilitation (4 hours) and residential habilitation (8 hours) take affect 7/1/09 for all plans of care or just new plans starting 7/1/09?
Qb: Old plans running may have not been written to meet these guidelines. We have some that specifically say 3 hours, etc. If it has taken effect for all plans, then should teams submit modifications if necessary?
A: Those participants who are not currently receiving 4 hours daily of day habilitation or residential habilitation must meet with their teams and modify the plans of care to accurately reflect the services being delivered. Modifications must be submitted by September 1, 2009 to be effective no later than October 1, 2009.
2. **Q:** Example: Someone had 220 day habilitation units and 600 supported employment units. If they aren't in day habilitation services 4 hours will we have the opportunity to modify some day habilitation units to SE?
A: When identifying accurate services to meet the person's needs results in overall savings on the interim individualized budgeted amount (IBA), then the team may add either units or services as long as they stay within the IBA. This is a change to allow teams to better utilize the IBA in light of the cuts.
3. **Qa:** Again with the definition of day habilitation and the 4 hour minimum requirement, how is an organization to be compensated for costs incurred when a client has outpatient medical procedures with staff in attendance the entire time (of 2 hours) and then has been asked by the doctor to take the client home for rest. The day habilitation definition and minimum hour requirement has not been met, but the staffing costs have been incurred.
Qb: There have been times that a client refuses to leave their home to attend day habilitation. These are clients that cannot be left alone and a staff stays with them. Again with the definition of day habilitation as "away from home" how is an organization to bill day habilitation for a client's wishes? (An organization cannot accept these costs with the reduction in rates with no billing opportunities.)
Qc: When a holiday falls on a Monday through Friday many times clients think it is a special opportunity to stay home and relax. We have been informed that the definition of day habilitation is "away from home". Of course, the clients are staffed the same on holidays the same as regular days. Will we have to force clients to leave their homes on a holiday for 4 hours to bill day habilitation or will an exemption for holidays be allowed?
A. You cannot bill for services not received. This is not a change. If a participant is ill for only for a short period of time, those costs cannot be reimbursed. A number of "sick days" was built into the model of determining rates. If a person refuses to attend day habilitation, the organization cannot bill. Most organizations do not provide day habilitation services on holidays and that day is treated like a weekend day in residential services.

Supported Living

1. **Q:** Information explaining the 'supported living' program would be most helpful. What about the Medicaid funded Supported Living Services (SLS) on how it has been focus on the SLS waiver program and type or amount of services determined or to be determined?
   A: Supported Living is not a new program but is a new service on the existing Adult and ABI waivers. Supported living is a service to support people who do not need 24 hour service. Please refer to the instructions in the plan of care of which you can find on the Division's webite: http://www.health.wyo.gov/ddd
2. **Qa:** I have a participant whose current plan of care consists of primarily In-Home Support units/hours. Will these automatically be switched over to Supportive Living units/15 minutes each at the end of September through modification process? Or do I need to switch them over now? If so, then how exactly is this done?
   Qb: Please confirm by what date do the modifications need to be submitted in order to comply? *(I.E. In-home support switching over to Supported Living, etc.)*
   A: Case managers have been notified that for any service being discontinued (in home support and prevocational) modifications must be submitted by September 1, 2009 to be in effect no later than October 1, 2009. Any services provided for In-home support or Prevocational after Oct 1 will not be reimbursed.
3. **Q:** Everyone wants to use the 15 minute rate because it pays more and so they choose to use that rate saying that they will not work with the participant more than four hours. So what happens if they choose this and then decide to work with the participant for 6 hours – do they get to charge 15 minute rate for 6 hours or more in this circumstance?
   A: There is a cap on the units for the 15 minute unit. If one day they need 6 hours and the next day they need 2 hours, the Division will not micro-manage as long as they stay within the approved cap. To clarify the maximum allowable for 15 minute units:
   - Supported living – 5400 units for the group rate or 3900 units for the individual rate
   - Day Habilitation - 3750 units
4. **Q.** Can a provider serve one participant on Respite and one participant on Supported Living at the same time? The type of service could be different such as Day Habilitation and Supported Living or Respite and Group Supported Employment. If the staffing to participant ratio is met is this a possibility?
   A. The provider must meet the service definition and those definitions will prohibit that from happening. A single staff person cannot be providing 2 services at the same time.
5. **Q.** For Supported Living does the 24 hour supervision mean provider only (if they need supervision but get it from family can they get this service)?
   A. The Supported Living Provider needs to arrange for 24 hour availability as needed. But developing a solid "Circle of Support" for the participant should help meet this person's needs so the round the clock "on-call" is dispersed among the participant's team. If this is specific example for a participant, then please talk with your waiver specialist and give a more complete description of the issue.
6. **Q.** Is the 4 hour rate for Supported Living only for group (in the training this week in Cody that rate only had group by it)?
   A. There is no 4 hour rate. There is a daily rate for individuals who require a minimum of 4 hours of assistance. It is the same rate if the staff person is working with 1, 2 or 3 participants. There is no rate if a staff person is attempting to work with more than 3 participants during the same time period.

Residential Habilitation

1. **Q.** Please explain changes to the adult residential habilitation program. How is this component being changed? What are the ramifications to persons presently in residential habilitation? Where can someone access information about these changes? Are these changes proposed or already approved?
   A. The residential habilitation program continues to use a tiered reimbursement system, the ICAP service score is the guide and the service plan must reflect the need. One change to residential habilitation is an 8 hour minimum requirement of service must be delivered in order to bill. This includes sleeping time. There is an exception if the participant is returning from a family visit or vacation.

   In addition targeting conditions have been added to participants who are not currently residential habilitation services. Both of these changes went into effect July 1. Information about these changes was posted on the Division website under the Navigant link on April 2, 2009. This information is available by request.
2. **Q.** Why would you take away special family situations? I am 19 years old and was looking forward to living away from my Mom.
   A. We have a number of individuals on both the children's and adult waiver who are living independent of their family and are receiving personal care, the older In Home support service, or the new Supported Living service. The Division will work with teams to assist in using these services. The Targeting Criteria is intended for those individuals who need 24 hour supervision.

Medication Assistance

1. **Q.** Are there plans to hold regional trainings for the Medication Assistant training?
   A. Yes, the Division is making an effort to conduct the medication assistant training sessions in several different communities. The schedule and registration form will be sent out the week of July 20.

Respite and Child Waiver Services

There were several questions concerning Respite and Child DD Waiver services. The following narrative describes how the Division is improving the options for all waiver services.

The DD Division is working on some proposed changes to the current waivers that will positively impact participants and families by providing more flexibility in services and by addressing some concerns with the current waiver structures. The Division will be asking for input on possible changes before final decisions are made, and changes will not be implemented until July 1, 2010.
The DD Division is considering converting the Children's DD Waiver to a waiver currently under development called the Support Options Waiver (formerly called the Real Choice Waiver). The Support Options Waiver would serve both children and adults, and would include similar support services to the services offered on the Children's Waiver, plus offer additional services that would better meet the needs of participants. The Support Options Waiver would also include the option to self direct services, but this would not be required.
The Adult DD Waiver would be broadened to serve both children and adults so children currently receiving residential services on the Children's DD Waiver could be transitioned to that Waiver and continue to receive residential services.
These changes would result in positive changes to the waivers and to services, including:

1. Eliminating the current issue of funding children aging out of the Children's Waiver to the Adult DD Waiver. Since both the Support Options Waiver and the broadened Adult DD Waiver

would serve people of all ages, there will be no need for children to apply for another waiver to continue to receive services when they turn 21.

2. Providing participants and families the option to self direct support services on the Support Options Waiver. Self direction allows people to hire and fire staff, negotiates the rates for services, purchase goods and services with more flexibility, and have more overall control of the services being provided. Staff chosen by the participant or family would not need to complete the current provider certification and recertification process, but instead would be paid through a fiscal intermediary that would be responsible for all payroll taxes, IRS regulations etc.
3. Offering a wider array of support services that better meet participant's needs. Some possible services being considered include:
    a. A Family Training and Education Service that would enable family members to gain the knowledge and skills needed to participate more fully in various aspects of caring and advocating for a participant with a disability in their homes, schools, and communities.
    b. A Life Skills Training Service designed to increase or maintain the participant's skills and independence, and promote self-advocacy. Support also includes community access to promote maximum participation in community life and activities.
    c. A Children's Day Service that would allow parents to choose a day care provider and use waiver funding to allow the day care provider to provide a higher level of staffing and support. Parents would be responsible for the day care fees but if they meet income requirements could get assistance with those fees as well through the child care system. The Waiver would fund the additional staffing needed in the day care.
    d. Goods and Services for people self directing their services that would allow purchasing goods that assist participants in remaining independent, including, for example, a microwave so a person can cook their meals without requiring staff supervision at mealtime.

The DD Division has had preliminary discussions on the proposed changes with the Department of Health Director's Office, legislators, and with the Centers for Medicare and Medicaid Services (CMS). The next step is to provide more detailed information to everyone impacted by possible changes, including participants, families, guardians and providers, and to hold public forums to gather input on these changes. A letter will be sent to all participants, families, guardians, and providers within the next several weeks providing an overview of some possible changes and inviting them to participate in public forums that will be held at the beginning of September across the state and by webinar. Information will be provided during these meetings on how you can continue to receive information on the development of the waiver and provide input.

After input has been obtained the DD Division will work with the Department of Health Director's Office, legislators, and with the Centers for Medicare and Medicaid Services (CMS) to make the final decisions on the changes.

Miscellaneous

1. **Q.** What is the approval process for each Wyoming waiver specific to Speech Generating Devices; considered Durable Medical Equipment?
   A. Specialized equipment requires a high level of review. If you have specific questions, contact either the waiver specialist or waiver manager and we will assist the team in this process.
2. **Q.** How about the limits on respite care, the changes to day habilitation, and provision of services by family members.
   A. The limits on respite and changes to day habilitation have been finalized. It is part of the approved waiver.

3. **Q.** It is common for guardians to pick up a participant at 7:30 am on a Saturday and bring them back on Sunday evening after 7:00 pm.
   A. On that scenario the provider can not bill on Sat because there is not 8 hours of continued service, but could bill on Sunday if they are on a family outing or vacation. Based on input from the focus groups we were able to add the following: Family visits and trips are encouraged. The provider will be allowed to be reimbursed on the day the participant returns home from a trip.
4. **Q.** How the SIS is being used under the changes to Waiver Services?
   A. WIND completed a pilot study on the SIS. The SIS is more provider time intensive and more expensive. At this time both eligibility and funding are correlated with the ICAP. There is a subcommittee that has recommended using the SIS for dually diagnosed individuals with mental illness and Developmental Disabilities. Implementing this recommendation would require additional appropriations from the legislature.
5. **Q.** What are the projections, over the next ten years as to how many Children will be transitioning into Adult waiver within that time span?
   A. The Division estimates approximately 400 children will age into the Adult DD waiver over the next 10 years.
6. **Q.** Are there available beds at the State School in Lander? What is the comparison here; what if the parents of high need children decide that they can no longer bear up under the burden being placed upon them; what is the actual COST to house a child in a facility such as this?
   A. The Wyoming Life Resource Center does have available space. The new Wyoming Life Resource Center act provides screening for those who apply to determine whether or not a placement is least restrictive and if it is the most appropriate placement.
7. **Q.** In what way is Grant monies made available to potential businesses willing to meet some of these limited but none-the-less needed services?
   A. The Division does not have any grant money for potential businesses to meet needed services.